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LICENSE NUM	BER: 091400001		CITY OR TOWN	NORWOO	D
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
DOING BUSINE	ME: SIAM LOTUS, INC. ESS A BOSTON PROVIDENCE	TURNPIK			
CITY/TOWN: 1		STATE: MA	ZIP CODE:	02062	
MANAGER: V	VIRIYABONTORN, TYPE PAUL			ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	SSS:				
ONE STORY BU	PLEASE ALSO VISIT OUR WEBSI OF LICENSED PREMISES UILDING WITH BASEME 120, MAIN ENTRANCE/E	S: ENT, RESTAURA	ANT AND KITCHE		
1. the results the lice.	and swear under penalties of newed license will be of the censee has complied with all remises are now open for bu	e same type for the laws of the Com	nmonwealth relating t		
SIGNED BY	Individual, Partner or	Authorized Corp	oorate Officer		
DATE:	TELEPHONE I	NUMBER:		R IDENTIFICAT	
Acts of 2004, sig	gned, attest that we are in gned by the building inspe and (2) the certificate of lig	ector and the hea	ad of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED (If disapproved e):		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 091400002		CITY OR TOWN N	ORWOOD
APPLICATION FOR RENEWAL:	Annual	LICENSEI	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: NORWOOD COU DOING BUSINESS A ADDRESS 400 BOSTON PROV.TPK	INTRY CLUB INC.		
CITY/TOWN: NORWOOD	STATE: MA	ZIP CODE: 0	02062
	PE OF LICENSE: Res		EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMI BASEMENT AREA, BAR,LOUNGE,FU SHOWERS AND STORAGE ROOM. T THE GOLD COURSE SHOWN ON TH EXHIBIT 1. ALCOHOL TO BE SOLD	JNCTION ROOM,OF HREE EXITS. THE A E PLAN DATES APF	AREA CONTAINING : RIL 23, 2009, AND MA	18 HOLES OF
I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	The same type for the hall laws of the Comm	nonwealth relating to ta	
SIGNED BY Individual, Partner	r or Authorized Corpo	rate Officer	
DATE: TELEPHON	NE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire departmen	nt for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	G AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	91400003		CITY (OR TOWN	NORWOO	D
APPLICATION FOR F	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: ODOING BUSINESS A		TAURANT C	ONCEPTS N	NORWOOD	LLC	
ADDRESS 475 BOSTO	ON PROVIDENCE T	RNPKE				
CITY/TOWN: NORW	/OOD	STATE: N	MA ZIP	CODE:	02062	
MANAGER: FRUGO GERAF		OF LICENSE	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YO	UR EMAIL ADDRI	ESS		•
DESCRIPTION OF LI	CENSED PREMISES	}:				
PREMISES CONTAIN BATHROOMS AND PENTRANCES TO PAT	ATIO AREA OUTSI	DE. ONE MA	AIN EXTRA	NCE IN FR	ONT, 2	}
I hereby certify and swe	ear under penalties of	perjury that:				
1. the renewed	license will be of the	same type for	r the same pro	emises now	licensed;	
2. the licensee	has complied with all	laws of the C	Commonwealt	th relating to	o taxes; and	
3. the premises	are now open for bus	siness (If not e	explain belov	v)		
SIGNED BY	Individual, Partner or	Authorized C	ornorate Off	icer		
•	norvidual, ruranor or	ramonizoa C	orporate off			
DATE:	TELEPHONE N	JI IMBER:		EMPLOYER	R IDENTIFICAT	ION NUMBER:
	TEEETHONET	velviber.	(N	ote: NOT Ind	lividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed by named license and (2) of 2010.	y the building inspe	ctor and the	head of the f	ïre departı	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCA By:	AL LICENS	SING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 09	91400004		CI	TY OR TOWN	NORWOO!	D
APPLICATION FOR RI	ENEWAL:	Annu	al	LICE	NSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: O	UTBACK STEA	KHOUSE OF	FLORIDA	,LLC		
DOING BUSINESS A	OUTBACK STEA	AKHOUSE				
ADDRESS 1210 BOST	ON PROVIDENC	CE TRPKE				
CITY/TOWN: NORW	OOD	STATE:	MA	ZIP CODE:	02062	
MANAGER: TODD,R	RYAN P. TYP	PE OF LICEN	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		J
DESCRIPTION OF LIC	ENSED PREMIS	SES:				
ONE STORY UNIT AP BATHROOMS 1 ENTR	_					D
	.ANCES/EATTS I			OLNCI EXI.		ux.
I hereby certify and swea	ar under penalties	of perjury tha	t:			
1. the renewed l	license will be of	the same type	for the sam	ne premises no	w licensed;	
2. the licensee h	nas complied with	all laws of the	Common	wealth relating	to taxes; and	
3. the premises	are now open for	business (If no	ot explain b	pelow)		
SIGNED BY						
Ir	ndividual, Partner	or Authorized	Corporate	Officer		
DATE						
DATE:	TELEPHON	E NUMBER:			ER IDENTIFICAT	
				(Note: NOT 1	individual Social S	ecurity Number)
We the undersigned, a						
Acts of 2004, signed by named license and (2)						
of 2010.	the certificate of	nquoi nabin	ly msuran	ce required by	y Chapter 110	of the Acts
Please Check Below:			ī	OCAL LICEN	NSING AUTHO	ORITY
APPROVED:				sy:	1011 (0110111)	
DISAPPROVED:				•		
(If disapproved explain)			_			
			_			
DATE:			_			
DATE.						



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LICENSE NUMBER: 091400	0005	CITY OR TOWN NORWOO	DD	
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2	013	
	CLASS		YEAR	
LICENSEE NAME: BONC	ALDO, INC.			
DOING BUSINESS A BON	CALDO			
ADDRESS 1381 BOSTON F	PROV.TPK			
CITY/TOWN: NORWOOD	STATE: MA	ZIP CODE: 02062		
MANAGER: BONCALDO JOSEPH	TYPE OF LICENSE: R	Restaurant CATEGORY:	All Alcohol	
EMAIL ADDRESS:				
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	_	
DESCRIPTION OF LICENS	ED PREMISES:			
	EMERGENCY EXIT, 2 FLOO	IG OF 3 DINING ROOM ENTRA DRS, 5 ROOMS, 2 DINING ROO		
I hereby certify and swear un-	der penalties of perjury that:			
1. the renewed licens	se will be of the same type for the	ne same premises now licensed;		
2. the licensee has co	omplied with all laws of the Cor	mmonwealth relating to taxes; and		
3. the premises are n	ow open for business (If not ex	plain below)		
SIGNED BY Individ	dual, Partner or Authorized Cor	porate Officer		
DATE:	ΓELEPHONE NUMBER:	EMPLOYER IDENTIFICA		
		(Note: NOT Individual Social Security Number)		
Acts of 2004, signed by the	building inspector and the he	the certificate required by Chap ad of the fire department for the surance required by Chapter 11	e above	
Please Check Below:		LOCAL LICENSING AUTH	ORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NUMBER:	091400006		CITYOR	IOWN	NORWOO	עוי
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	NEPONSET RIV	ER LLC				
DOING BUSINESS A	SHERATON FO	RU POINTS NORW	OOD			
ADDRESS 1151 BOS	TON-PROV.TPK					
CITY/TOWN: NORV	WOOD	STATE: MA	ZIP C	ODE:	02062	
MANAGER: CASE	Y, KEVIN E TY	PE OF LICENSE: In	nholder	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS			_
DESCRIPTION OF L	ICENSED PREM	ISES:				
2-FLOOR CONFERE						
HOTEL.BEVERAGES						
ROOMS, FUNCTION SET FORTH IN DIAC						
CONJUCTION WITH				(1 a co.	111100005	Το ω πν
I hereby certify and sw	ear under penaltie	s of perjury that:				
1. the renewed	d license will be of	f the same type for the	same prem	nises now	licensed;	
2. the licensee	has complied wit	h all laws of the Com	monwealth	relating t	o taxes; and	
3. the premise	s are now open fo	r business (If not expl	ain below)			
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Office	er		
DATE.						
DATE:	TELEPHO	NE NUMBER:				FION NUMBER:
			(IVOIC	(Note: NOT Individual Social Security Number)		
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ir	spector and the hea	d of the fire	e depart	ment for the	above
Please Check Below:			LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	1)		-			
DATE:						



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LICENSE NUI	MBER: 091400007		CITY OR TOWN	NORWOOI)
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NA	AME: FATISMARE CORP				
DOING BUSI	NESS A FEISTY GREEK				
ADDRESS 38	VANDERBILT AVENUE				
CITY/TOWN:	NORWOOD	STATE: MA	ZIP CODE:	02062	
MANAGER:	TIGLIANIDIS, TYPE KONSTANTINE	E OF LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS		
	N OF LICENSED PREMISE				
	IN A ONE STORY BLDG,H EMISES. THERE WILL BE				
I hereby certify	y and swear under penalties o	f perjury that:			
	renewed license will be of th		=		
	licensee has complied with a		•	taxes; and	
3. the	premises are now open for bu	usiness (If not expla	in below)		
SIGNED BY					
	Individual, Partner o	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: <u>NOT</u> Ind	(Note: NOT Individual Social Security Number)	
Acts of 2004,	rsigned, attest that we are in signed by the building insp e and (2) the certificate of li	ector and the head	of the fire departr	nent for the	above
Please Check Belo			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 uisappiovec	i expiaiii)				_
DATE:					



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LICENSE NUMBE	R: 091400008		CITY OR TOWN	NORWOOD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
LICENSEE NAME DOING BUSINESS ADDRESS 198 CE		CLASS		YEAR
CITY/TOWN: NO	RWOOD	STATE: MA	ZIP CODE:	02062
MANAGER: COI J.,JF	LUMBO, LOUIS TYPE (OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
TWO FLOORS AN RESTROOMS. SE	PLEASE ALSO VISIT OUR WEBSET LICENSED PREMISES D A PARTIAL BASEMI COND FLOOR; STORA RONT DOOR AND ONI	: ENT, FIRST FLO GE PURPOSES (OOR; ONE ROOM A	ASE- MENT FOR
2. the licens 3. the prem	wed license will be of the see has complied with all ises are now open for bus	laws of the Com	nonwealth relating to	
SIGNED BY	Individual, Partner or	Authorized Corpo	orate Officer	
DATE:			EMBLOVED	IDENTIFICATION NUMBER:
DITTE.	TELEPHONE N	IUMBER:		ividual Social Security Number)
Acts of 2004, signe	ed, attest that we are in ged by the building inspect (2) the certificate of liq	ctor and the head	d of the fire departi	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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LICENSE NUMBER: 091400009		CITY OR TOWN	NORWOOD
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: LEWIS REST. & C DOING BUSINESS A	FRILLE INC.		
ADDRESS 86-92 CENTRAL ST.			
CITY/TOWN: NORWOOD	STATE: MA	ZIP CODE:	02062
MANAGER: KELLEY, DAVID TYP W.	'E OF LICENSE: Re	estaurant CA'	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS DINING ROOM, STOREROOM AND RE ST-TWO DINING ROOMS AND KITCH FOOD AND BEVERAGE SERVICE. TH	EFRIGERATOR RO HEN ON STREET F	LOOR. ALL ROOMS	
I hereby certify and swear under penalties 1. the renewed license will be of t 2. the licensee has complied with 3. the premises are now open for	the same type for the all laws of the Com	monwealth relating to	
SIGNED BY Individual, Partner	or Authorized Corp	orate Officer	
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the hea	d of the fire departm	ent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSII By:	NG AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 091400011		CITY (OR TOWN	NORWOO	D
APPLICATION FO	R RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS	3			YEAR
	FOUR PROVINCES A NAPPER TANDY		IC.			
ADDRESS 46 DAY	ST.					
CITY/TOWN: NO	RWOOD	STATE:	MA ZIF	CODE:	02062	
MANAGER: JAC	OB, JOHN TYPI	E OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER Y	OUR EMAIL ADDR	ESS		
ONE ENTRANCE/E	LICENSED PREMISI EXIT ON DAY STRE ONE KITCHEN ANI ILDING	ET AND TWO				
 the renew the licens 	wear under penalties of the discense will be of the discense will be of the discense with a ses are now open for be	he same type for all laws of the	Commonweal	th relating t		
SIGNED BY	Individual, Partner	or Authorized (Corporate Off	ïcer		
DATE:	TELEPHONE	E NUMBER:	(5)		R IDENTIFICAT	
Acts of 2004, signe	d, attest that we are i d by the building insp (2) the certificate of l	pector and the	1) the certific	cate requir fire depart	ed by Chapto ment for the	er 304 of the above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCA By:	AL LICENS	SING AUTHO	ORITY
DATE:						



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LICENSE NU	MBEK: 091400012		CITY OR TOWN	NORWOOD
APPLICATIO	N FOR RENEWAL	: Annual	LICE	NSED FOR 2013
		CLASS		YEAR
DOING BUSI	NESS A	O POST #2452 V.F.W. BL	DG. ASSN. INC.	
ADDRESS 19	93 DEAN ST.			
CITY/TOWN	: NORWOOD	STATE: MA	ZIP CODE:	02062
MANAGER:	DONLAN JR., THOMAS E.	TYPE OF LICENSE:C	lub	CATEGORY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED F	PREMISES:		
FLR;MEMBE KITCHEN,RE	ERS AREA,KITCHE	EMENT. TWO ENTRANG IN,RESTROOMS,SERVIC K ROOM,SERVICE AREA	CE AREA,FUNCTIO	ON ROOM,
I hereby certif	y and swear under po	enalties of perjury that:		
1. the	renewed license wil	l be of the same type for the	ie same premises no	w licensed;
2. the	licensee has compli	ed with all laws of the Con	nmonwealth relating	to taxes; and
3. the	premises are now o	pen for business (If not exp	olain below)	
SIGNED BY		Partner or Authorized Corp	porate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYI	ER IDENTIFICATION NUMBER:
	TEL	EFTIONE NOWIDER.		ndividual Social Security Number)
Acts of 2004,	, signed by the build	ling inspector and the hea	ad of the fire depar	ared by Chapter 304 of the etment for the above y Chapter 116 of the Acts
Please Check Bel	low:		LOCAL LICEN	ISING AUTHORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	d explain)			
DATE:			-	
DATE:				



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LICENSE NUMBER: 09140001	3	CITY OR TOWN NORWOOD	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: BOBCON DOING BUSINESS A CONRA ADDRESS 728 WASHINGTON	D'S PUB II		
CITY/TOWN: NORWOOD	STATE: MA	ZIP CODE: 02062	
	22222		-1
MANAGER: CONRAD, ROB	ERTTYPE OF LICENSE: Resta	aurant CATEGORY: All Alcoho	01
EMAIL ADDRESS:			
	A DDE MIGEG.	AIL ADDRESS	
	OG. COCKTAIL LOUNGE, 1 D DE PATIO,1 SERVICE BAR FO	DINING RM. & 1 FUNCTION RM. 1 OR FUNCTION ROOM; 1 ENT/EXIT	
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	vill be of the same type for the s	same premises now licensed;	
•	olied with all laws of the Commo	•	
3. the premises are now	open for business (If not explain	in below)	
SIGNED BY Individua	l, Partner or Authorized Corpor	rate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number 1)	
Acts of 2004, signed by the bu	ilding inspector and the head	certificate required by Chapter 304 of th of the fire department for the above ance required by Chapter 116 of the Acts	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 091400014		CITY OR TOWN NORWO	JOD
APPLICATIO1	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: IRISH HEAV	EN INC.		
DOING BUSI	NESS A CONCANN	ON'S VILLAGE		
ADDRESS 60	LENOX ST.			
CITY/TOWN:	NORWOOD	STATE: MA	ZIP CODE: 02062	
MANAGER:	CONCANNON, THOMAS F.	TYPE OF LICENSE: Re	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS	
-	N OF LICENSED PR			
DANCING, 2		OAT ROOM,ONE KITCH	ONE DINI NG ROOM ALSO HEN,TWO OFFICES ONE GA	
2. the	licensee has complied premises are now ope	with all laws of the Comern for business (If not explanation)		nd
	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Soci	
Acts of 2004,	signed by the building	ng inspector and the hea	ne certificate required by Cha d of the fire department for t urance required by Chapter 1	he above
Please Check Belo	ow:		LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disapproved	· explain)			
DATE:				



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LICENSE NUM	MBER: 091400015		CITY OR TOWN	NORWOOD	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
DOING BUSIN	AME: OLDE COLONIAI NESS A I NAHATAN ST.	L CAFE, INC.			
CITY/TOWN:		STATE: MA	ZIP CODE:	02062	
	ANGELO, PAUL R. TYI			ATEGORY: All Alc	ohol
EMAIL ADDR	RESS:				
DESCRIPTION APPROX. 8,80 EXITS- FRON		ACE ON 3 FLOORS, ELLAR. OUTSIDE PA	WITH ONE FROM	ERLY SIDE (20' X	
1. the i	and swear under penalties renewed license will be of licensee has complied with premises are now open for	the same type for the same all laws of the Comm	onwealth relating to		
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUM lividual Social Security Nu	
Acts of 2004, s	signed, attest that we are signed by the building in and (2) the certificate of	spector and the head	of the fire departs	ment for the above	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	 ED:		LOCAL LICENS By:	SING AUTHORITY	_
DATE:					_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 091400017		CITY OR TOWN NOR	WOOD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE N	AME: THE CHATE	AU RESTAURANT OF	NORWOOD, INC	
DOING BUSI	NESS A			
ADDRESS 40	4 BOSTON PROVID	ENCE TPK		
CITY/TOWN	: NORWOOD	STATE: MA	ZIP CODE: 0206	2
MANAGER:	SWEET, MICHELLE	TYPE OF LICENSE: Re	staurant CATEGO	RY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PR			
ROOMS. 2NI	FLR; 3 DINING RO		ROOMS, PANTRY AND S' R STORAGE ROOM,2 LOU S AND 3 FIRE EXITS	
I hereby certif	y and swear under pena	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	e same premises now licensee	d;
	-		monwealth relating to taxes;	and
3. the	premises are now oper	n for business (If not expl	ain below)	
SIGNED BY		rtner or Authorized Corp	orate Officer	
DATE:	TELEPI	HONE NUMBER:		FICATION NUMBER:
			(Note: <u>NOT</u> Individual So	ocial Security Number)
Acts of 2004,	signed by the building	g inspector and the hea	ne certificate required by C d of the fire department fo urance required by Chapte	r the above
Please Check Bel	low:		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROV.				
(If disapprove	u expiaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 091400018		CITY OR TOWN	NORWOOD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: NORWOOD HOTE	COPERATOR, LL	C	
DOING BUSI	NESS A HAMPTON INN			
ADDRESS 43	4 BOSTON PROVIDENCE	TPK		
CITY/TOWN:	NORWOOD	STATE: MA	ZIP CODE:	02062
MANAGER:	BROOKS, TYPE CAMILLE / SANDERS, JEF	OF LICENSE: Inr	holder CA	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS	
	N OF LICENSED PREMISE			
	AND DOUBLE HOTEL ROO I MEETING ROOM, BOAR			
I hereby certify	y and swear under penalties o	f perjury that:		
1. the	renewed license will be of th	e same type for the	same premises now	licensed;
2. the	licensee has complied with a	ll laws of the Com	nonwealth relating to	taxes; and
3. the	premises are now open for b	usiness (If not expl	ain below)	
SIGNED BY	Individual, Partner o	r Authorized Corpo	orate Officer	
DATE:			EMBLOVED	IDENTIFICATION NUMBER:
DATE.	TELEPHONE	NUMBER:		ividual Social Security Number)
Acts of 2004,	rsigned, attest that we are in signed by the building insp e and (2) the certificate of li	ector and the head	d of the fire departi	nent for the above
Please Check Belo			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 uisappiovec	i Capiani)			
DATE:				



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LICENSE NUMBER: 0914000	020	CITY OR TOWN NORWOOD	
APPLICATION FOR RENEW	'AL: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: DUBLIN	N INC.		
DOING BUSINESS A SHAM	ROCK PUB		
ADDRESS 175-79 RAILROAL	D AVE		
CITY/TOWN: NORWOOD	STATE: MA	ZIP CODE: 02062	
MANAGER: GUNNING, M. C.	ARY TYPE OF LICENSE: Rest	caurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSE			
	KITCHEN,STOREROOM ON S D TWO FRONT ENTRANCES	STREET FLR. TWO STORY FRAME	
I hereby certify and swear unde	er penalties of perjury that:		
1. the renewed license	will be of the same type for the s	same premises now licensed;	
2. the licensee has com	nplied with all laws of the Comme	onwealth relating to taxes; and	
3. the premises are nov	w open for business (If not explai	in below)	
SIGNED BY			
Individu	al, Partner or Authorized Corpor	rate Officer	
			7
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the b	uilding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 091400021		CITY OR TOWN	NORWOOD	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: THE COLONIAL	HOUSE RESTAU	JRANT, INC.		
DOING BUSINESS A				
ADDRESS 33 SAVIN AVE.				
CITY/TOWN: NORWOOD	STATE: M	A ZIP CODE:	02062	
MANAGER: ROOF, MICHAEL J TY	PE OF LICENSE:	Restaurant CA	ATEGORY: All A	lcohol
EMAIL ADDRESS:	_			
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOU	R EMAIL ADDRESS	<u> </u>	
DESCRIPTION OF LICENSED PREMI	SES:			
ONE FRONT ENTRANCE AND ONE I FLOOR OF A SINGLE STORY FRAMI RENOVATION, LOUNGE AT REAR. T	E STRUCTURE W	TITH CELLAR FOR ST		
I hereby certify and swear under penaltie	s of perjury that:			
1. the renewed license will be of	* *	•		
2. the licensee has complied with		_	taxes; and	
3. the premises are now open for	r business (If not ex	xplain below)		
SIGNED BY	r or Authorized Co	rmarata Officar		
murviduai, r artile	i oi Authorized Co	rporate Officer		
DATE: TELEBLION		EMDI OVED	IDENTIFICATION NU	MDED.
TELEPHON	NE NUMBER:		vidual Social Security N	
			·	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the h	ead of the fire departr	nent for the above	
Please Check Below:		LOCAL LICENS	ING AUTHORITY	
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disappioved explain)				
DATE:				



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LICENSE NUMBER	R: 091400022		CITY OR TO	OWN NORWOO	טט
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	HIBACHI S'	TEAK HOUSE, INC			
DOING BUSINESS	A HIBACHI	STEAK HOUSE			
ADDRESS 315 MO	RSE ST				
CITY/TOWN: NO	RWOOD	STATE: MA	A ZIP COD	DE: 02062	
MANAGER: LIN,	MAY XUE	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		T OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF					
ENTRANCE AND		G LOCATED ON MORS	SE ST. APPROX	6000 SQ FT WIT	TH ONE
I hereby certify and	swear under pe	nalties of perjury that:			
1. the renew	ed license will	be of the same type for t	the same premises	s now licensed;	
2. the licens	ee has complie	ed with all laws of the Co	mmonwealth rela	ting to taxes; and	
3. the premi	ses are now op	en for business (If not ex	xplain below)		
SIGNED BY	Individual F	Partner or Authorized Co	rnorate Officer		
	marviduai, i	arther of Authorized Co.	iporate Officer		
DATE:	TEI EI	PHONE NUMBER:	EMPI	LOYER IDENTIFICA	TION NUMBER:
	HELE	HONE NOWIDER.		OT Individual Social S	
Wa the and out one	J 044004 4]004 -	(1)	4h a aaw 4 :6: aa 4a w	one de la company	4an 204 af 4h a
		we are in possession (1) ing inspector and the ho			
named license and of 2010.	(2) the certific	cate of liquor liability in	surance require	d by Chapter 11	6 of the Acts
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)				
			-		
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILI	ED BY LICENSEES DURING THI	E MONTH OF NOVEM	BER (M.G.L. Ch. 138 \$!	16A)



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LICENSE NUMBER: 09	01400024		CITY OR	TOWN NORWC	OOD
APPLICATION FOR RE	ENEWAL:	Annual		LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: LI	MEYS NOR	WOOD INC.			
DOING BUSINESS A I	LIMEY'S PUI	3			
ADDRESS 659 WASHI	NGTON ST				
CITY/TOWN: NORWO	OOD	STATE: N	1A ZIP C	CODE: 02062	
MANAGER: WINSTA MARY	ANLEY,	ΓΥΡΕ OF LICENSE	:Restaurant	CATEGORY	Y: All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OU	R WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF LIC					
APPROX. 2,700 SQ. FT ON WASHINGTON ST				& PUB, WITH 1 E	NTRANCE
I hereby certify and swea	ır under penal	ties of perjury that:			
1. the renewed li	icense will be	of the same type for	the same pren	nises now licensed;	
2. the licensee h	as complied v	vith all laws of the C	ommonwealth	relating to taxes; an	d
3. the premises a	are now open	for business (If not	explain below)		
-					
SIGNED BY					
In	dividual, Part	ner or Authorized C	orporate Office	er	
DATE:	TELEPH	ONE NUMBER:		MPLOYER IDENTIFIC	
			(INOR	:: NOT Individual Socia	al Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building	inspector and the	head of the fir	e department for t	he above
Please Check Below:			LOCAL	LICENSING AUT	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
					
DATE:					



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LICENSE NUM	ABER: 091400025		CITY OR TOWN NOR	WOOD
APPLICATION	FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NA	ME: BERTUCCI'S I	RESTAURANT CORP		
DOING BUSIN	IESS A BERTUCCI'S	BRICK OVEN RISTO	ORANTE	
ADDRESS 140	5 BOSTON PROV. T	URNPIKE		
CITY/TOWN:	NORWOOD	STATE: MA	ZIP CODE: 0200	52
MANAGER:	FITZGIBBON, CHRISTINA M.	TYPE OF LICENSE:R	estaurant CATEGO	ORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	MISES:		
$approx\ 8300\ sf$	in a one story bldg, ex	it, 4 emergency exits. C	Outdoor patio	
I hereby certify	and swear under penal	lties of perjury that:		
1. the r	enewed license will be	e of the same type for the	ne same premises now license	ed;
2. the 1	icensee has complied v	with all laws of the Con	nmonwealth relating to taxes	; and
3. the p	premises are now open	for business (If not exp	plain below)	
SIGNED BY	Individual, Par	tner or Authorized Cor	porate Officer	
D . 1777				
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual	TIFICATION NUMBER: Social Security Number)
Acts of 2004, s	signed by the building	g inspector and the he	he certificate required by 6 ad of the fire department f surance required by Chapt	or the above
Please Check Belov	<u>w:</u>		LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVE	<u> </u>			
(If disapproved	explain)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch	. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: G & N APOLLO INC. DOING BUSINESS A APOLLO RESTAURANT ADDRESS 615-23 WASHINGTON ST CITY/TOWN: NORWOOD STATE: MA ZIP CODE: 02062 MANAGER: VERGAKIS, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol GEORGE EMAIL ADDRESS: PLASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 8200 SQ FT ON FIRST FLOOR. TWO ENTRANCES AND EXITS ON WASHINGTON ST AND TWO ENT/EXITS ON REAR OF BLDG ABUTTING PARKING LOT. 4000 SQ FT OF BASEMENT, PART OF WHICH BEER AND LIQUOR WILL BE STORED UNDER LOCK AND KEY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: (If disapproved explain)	LICENSE NUMBER: 09	1400026		CITY OR TOWN NORW	/OOD
LICENSEE NAME: G & N APOLLO INC. DOING BUSINESS A APOLLO RESTAURANT ADDRESS 615-23 WASHINGTON ST CITY/TOWN: NORWOOD STATE: MA ZIP CODE: 02062 MANAGER: VERGAKIS, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol GEORGE EMAIL ADDRESS: FLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 8200 SQ FT ON FIRST FLOOR. TWO ENTRANCES AND EXITS ON WASHINGTON ST AND TWO ENT/EXITS ON REAR OF BLDG ABUTTING PARKING LOT. 4000 SQ FT OF BASEMENT, PART OF WHICH BEER AND LIQUOR WILL BE STORED UNDER LOCK AND KEY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED: BY:	APPLICATION FOR RE	ENEWAL:	Annual	LICENSED FO	R 2013
DOING BUSINESS A APOLLO RESTAURANT ADDRESS 615-23 WASHINGTON ST CITY/TOWN: NORWOOD STATE: MA ZIP CODE: 02062 MANAGER: VERGAKIS, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol GEORGE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WERSTITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 8200 SQ FT ON FIRST FLOOR. TWO ENTRANCES AND EXITS ON WASHINGTON ST AND TWO ENTREXITS ON REAR OF BLDG ABUTTING PARKING LOT. 4000 SQ FT OF BASEMENT, PART OF WHICH BEER AND LIQUOR WILL BE STORED UNDER LOCK AND KEY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:			CLASS		YEAR
ADDRESS 615-23 WASHINGTON ST CITY/TOWN: NORWOOD STATE: MA ZIP CODE: 02062 MANAGER: VERGAKIS, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol GEORGE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND EXTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 8200 SQ FT ON FIRST FLOOR. TWO ENTRANCES AND EXITS ON WASHINGTON ST AND TWO ENT/EXITS ON REAR OF BLDG ABUTTING PARKING LOT. 4000 SQ FT OF BASEMENT, PART OF WHICH BEER AND LIQUOR WILL BE STORED UNDER LOCK AND KEY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED: DISAPPROVED:	LICENSEE NAME: G	& N APOLLO II	NC.		
CITY/TOWN: NORWOOD STATE: MA ZIP CODE: 02062 MANAGER: VERGAKIS, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol GEORGE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 8200 SQ FT ON FIRST FLOOR. TWO ENTRANCES AND EXITS ON WASHINGTON ST AND TWO ENT/EXITS ON REAR OF BLDG ABUTTING PARKING LOT. 4000 SQ FT OF BASEMENT, PART OF WHICH BEER AND LIQUOR WILL BE STORED UNDER LOCK AND KEY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:	DOING BUSINESS A	APOLLO RESTA	URANT		
MANAGER: VERGAKIS, GEORGE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 8200 SQ FT ON FIRST FLOOR. TWO ENTRANCES AND EXITS ON WASHINGTON ST AND TWO ENT/EXITS ON REAR OF BLDG ABUTTING PARKING LOT. 4000 SQ FT OF BASEMENT, PART OF WHICH BEER AND LIQUOR WILL BE STORED UNDER LOCK AND KEY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:	ADDRESS 615-23 WAS	SHINGTON ST			
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 8200 SQ FT ON FIRST FLOOR. TWO ENTRANCES AND EXITS ON WASHINGTON ST AND TWO ENT/EXITS ON REAR OF BLDG ABUTTING PARKING LOT. 4000 SQ FT OF BASEMENT, PART OF WHICH BEER AND LIQUOR WILL BE STORED UNDER LOCK AND KEY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY	CITY/TOWN: NORWO	OOD	STATE: MA	ZIP CODE: 02062	
DESCRIPTION OF LICENSED PREMISES: 8200 SQ FT ON FIRST FLOOR. TWO ENTRANCES AND EXITS ON WASHINGTON ST AND TWO ENT/EXITS ON REAR OF BLDG ABUTTING PARKING LOT. 4000 SQ FT OF BASEMENT, PART OF WHICH BEER AND LIQUOR WILL BE STORED UNDER LOCK AND KEY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:			E OF LICENSE: Res	taurant CATEGOI	RY: All Alcohol
DESCRIPTION OF LICENSED PREMISES: 8200 SQ FT ON FIRST FLOOR. TWO ENTRANCES AND EXITS ON WASHINGTON ST AND TWO ENT/EXITS ON REAR OF BLDG ABUTTING PARKING LOT. 4000 SQ FT OF BASEMENT, PART OF WHICH BEER AND LIQUOR WILL BE STORED UNDER LOCK AND KEY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED:	EMAIL ADDRESS:				
8200 SQ FT ON FIRST FLOOR. TWO ENTRANCES AND EXITS ON WASHINGTON ST AND TWO ENT/EXITS ON REAR OF BLDG ABUTTING PARKING LOT. 4000 SQ FT OF BASEMENT, PART OF WHICH BEER AND LIQUOR WILL BE STORED UNDER LOCK AND KEY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:	PLEA	SE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
TWO ENT/EXITS ON REAR OF BLDG ABUTTING PARKING LOT. 4000 SQ FT OF BASEMENT, PART OF WHICH BEER AND LIQUOR WILL BE STORED UNDER LOCK AND KEY I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: By:					
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: DISAPPROVED:	TWO ENT/EXITS ON F	REAR OF BLDG	ABUTTING PARKI	NG LOT. 4000 SQ FT OF I	BASEMENT,
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED:	I hereby certify and swea	r under penalties	of perjury that:		
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED: By:	1. the renewed li	icense will be of the	he same type for the	same premises now licensed	;
SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED: By:		•		<u> </u>	and
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED:	3. the premises a	are now open for b	ousiness (If not expla	in below)	
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED:					
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED:		dividual. Partner	or Authorized Corpo	rate Officer	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: Buildividual Social Security Number) LOCAL LICENSING AUTHORITY By:					
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: Buildividual Social Security Number) LOCAL LICENSING AUTHORITY By:					
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: By:	DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIF	ICATION NUMBER:
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED:		1221110112	31,01,1221	(Note: NOT Individual So	cial Security Number)
APPROVED: By: DISAPPROVED: By:	Acts of 2004, signed by named license and (2) t	the building ins	pector and the head	of the fire department for	the above
DISAPPROVED:	Please Check Below:			LOCAL LICENSING AU	THORITY
				By:	
(11 disapproved expiain)					
	(11 disappioved expiaili)				
DATE:	DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091400028		CITY OR TOWN NORWOO	OD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: STAR CORPORA	ATION		
DOING BUSINESS A CAFE VENICE			
ADDRESS 1086 WASHINGTON ST.			
CITY/TOWN: NORWOOD	STATE: MA	ZIP CODE: 02062	
MANAGER: O'BRIEN, ARLENE TY	PE OF LICENSE: Rest	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
ONE FRONT ENTRANCE,ONE DELI WITH FRONT ENTRANCE. SIDE EN FRONT ENTRANCE FROM FIRST FL AND LOUNGE AT 6 HEATON AVE	TRANCE THRU LOU	NGE. BASEMENT FOR STO	RAGE.
1. the renewed license will be of the licensee has complied with the premises are now open for the licensee are now open	f the same type for the sth all laws of the Comm	onwealth relating to taxes; and	
SIGNED BY Individual, Partne	er or Authorized Corpor	rate Officer	
DATE: TELEPHOI	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	of the fire department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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LICENSE NUMBER:	091400029		CITY OR TOWN	NORWOO	D
APPLICATION FOR 1	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	DAC LLC				
DOING BUSINESS A	KRAYZEE HORSI	E PUB & GRILL			
ADDRESS 1112 WAS	SHINGTON ST.				
CITY/TOWN: NORV	WOOD	STATE: MA	ZIP CODE:	02062	
MANAGER: GRAN CHRIS	T, TYPE	E OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	ES:			
2,817 SQ. FT. PLUS E FUNCTION AREA, 3					IGE, 1 IN
I hereby certify and sw	ear under penalties o	of perjury that:			
1. the renewed	d license will be of th	e same type for the	same premises now	licensed;	
2. the licensee	has complied with a	ll laws of the Com	nonwealth relating to	o taxes; and	
3. the premise	s are now open for b	usiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:			TION NUMBER:
			(Note: NOT Ind	ividual Social S	Security Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building insp	ector and the hea	d of the fire departı	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					
•					



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LICENSE NUI	MBER: 091400030		CITY OR TO	WN NORWOO	שט
APPLICATIO	N FOR RENEWAL:	Annual LICENSED F			013
		CLASS			YEAR
LICENSEE NA DOING BUSII	AME: 32 GUILD STR NESS A	EET INC.			
ADDRESS 32	GUILD ST				
CITY/TOWN:	NORWOOD	STATE: MA	ZIP CODE	E: 02062	
MANAGER:	DELAPA, TANTHONY P.	TYPE OF LICENSE: Inn	holder	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PREM	MISES:			
BATHROOMS CENTRAL ST LOT.ORIGINA AND THAT O	BAR, FUNCTION ROS, COATROOM, 1 ENT C. EAST, 1ENT/EXIT OF AL OCCUPANCY WAS OCCUPANCY WAS 125 DITTON OF OUTSIDE	RANCE/EXIT ON CEN N GUILD ST.1ENT/EX S ERRONEOUSLY ST. 5:THE CORRECT NUM	NTRAL ST.,1 E IIT TO REAR F ATED AS SEA'	NTRANCE/EXI PARKING TING CAPACIT	ΓΟΝ
I hereby certify	y and swear under penalt	ties of perjury that:			
1. the	renewed license will be	of the same type for the	same premises	now licensed;	
2. the	licensee has complied w	vith all laws of the Com	nonwealth relat	ing to taxes; and	
3. the	premises are now open	for business (If not expl	ain below)		
SIGNED BY	Individual, Part	ner or Authorized Corpo	orate Officer		
DATE:					
DATE.	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT ${f T}$ Individual Social S	
Acts of 2004,	rsigned, attest that we a signed by the building e and (2) the certificate	inspector and the head	d of the fire de _l	partment for the	above
Please Check Belo	ow:		LOCALLIC	ENSING AUTH	ORITY
APPROVED:			By:	LIBITO AUTH	OMI I
DISAPPROVE	ED:		•		
(If disapproved	d explain)				
DATE:					



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LICENSE NUMBER: 091400031	CITY OR TOWN NORWOOD					
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013					
CLASS	YEAR					
LICENSEE NAME: NORWOOD LODGE B.P.O ELKS #1	124					
DOING BUSINESS A						
ADDRESS 152 WINSLOW AVE.						
CITY/TOWN: NORWOOD STATE: MA	ZIP CODE: 02062					
MANAGER: KELLEY, TYPE OF LICENSE:CI STEPHEN J.	ub CATEGORY: All Alcohol					
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:						
TWO STORY BRICK BLDG. FIRST FLOOR;2 ENTRANCE ENTRANCE ON SOUTH SIDE OF BLDG. FUNCTION RO						
STORAGE. 2ND FLR;ONE ENTRANCE AND EXIT AND	TWO SAFETY EXITS, ONE ON EITHER					
SIDE OF BLDG. GRILL ROOM,LOUNGE AND BAR AND	ONE STORAGE ROOM					
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the	a cama pramicae now licensed:					
	•					
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and						
3. the premises are now open for business (If not expl	lain below)					
3. the premises are now open for business (If not expl	lain below)					
SIGNED BY						
SIGNED BY						
SIGNED BY Individual, Partner or Authorized Corp	orate Officer					
SIGNED BY	orate Officer EMPLOYER IDENTIFICATION NUMBER:					
SIGNED BY Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER:	Orate Officer EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)					
SIGNED BY Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the	e certificate required by Chapter 304 of the					
SIGNED BY Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability instead.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the dof the fire department for the above					
SIGNED BY Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the hear	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the dof the fire department for the above					
SIGNED BY Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability inst of 2010. Please Check Below:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the dof the fire department for the above					
SIGNED BY Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability inst of 2010. Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the dof the fire department for the above surance required by Chapter 116 of the Acts					
SIGNED BY Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability inst of 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the d of the fire department for the above urance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY					
SIGNED BY Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability inst of 2010. Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the d of the fire department for the above urance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY					
SIGNED BY Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability inst of 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) ne certificate required by Chapter 304 of the d of the fire department for the above urance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY					



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LICENSE NUMBE	R: 091400032		CITY (OR TOWN	NORWOO	D
APPLICATION FO	R RENEWAL:	Annual		LICEN	ISED FOR 20)13
		CLASS				YEAR
LICENSEE NAME	: WORKMEN'S HALL	OF NORWOOD	INC			
DOING BUSINESS	SA					
ADDRESS 99 WIL	STON ST. & 1/2					
CITY/TOWN: NO	RWOOD	STATE: MA	ZIF	CODE:	02062	
	AMPFL, TYPE ETCHEN	OF LICENSE: Clu	ıb	С	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDR	ESS		
	FLICENSED PREMISES					
ASSEMBLY HALI	ES;TWO REAR EXITS L AND SERVICE BAR. . PICNIC AREA IN BAO	BASEMENT; AS				AND
I hereby certify and	swear under penalties of	perjury that:				
1. the renev	wed license will be of the	e same type for the	same pr	emises now	licensed;	
	see has complied with al			•	to taxes; and	
3. the prem	nises are now open for bu	siness (If not expl	ain belov	w)		
SIGNED BY	Individual, Partner or	· Authorized Corp	orate Off	ïcer		
			-			
DATE:	TELEPHONE I	NUMBER:		EMPLOYE	R IDENTIFICAT	TON NUMBER:
			(N	lote: NOT Inc	dividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe l (2) the certificate of lic	ector and the hea	d of the	fire depart	ment for the	above
Please Check Below:			LOCA	AL LICENS	SING AUTHO	ORITY
APPROVED:	·		By:			
DISAPPROVED:						
(If disapproved expl	iaiii)					
DATE:						



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LICENSE NUMBER: 0914	100033		CIT	Y OR TOWN	NORWOO	D
APPLICATION FOR REN	IEWAL:	Annua	1	LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: ROY	YAL PIZZA, INC.					
DOING BUSINESS A						
ADDRESS 1001 BOSTON	N PROVIDENCE TE	PK.				
CITY/TOWN: NORWOO	OD S	TATE:	MA Z	ZIP CODE:	02062	
MANAGER: PAPPAS, I	PETER K. TYPE OF	F LICENS	E:Restaura	nt C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEBSITE	AND ENTER Y	OUR EMAIL AI	DDRESS		
DESCRIPTION OF LICEN	NSED PREMISES:					
SOUTHEAST CORNER OF ENTRANCES	OF DEAN ST PLAZ	A. TWO I	OOORS, SO	OUTH AND N	ORTH	
I hereby certify and swear	under penalties of pe	erjury that:				
1. the renewed lice	ense will be of the sa	me type fo	or the same	premises now	licensed;	
	complied with all la			_	o taxes; and	
3. the premises are	e now open for busin	ess (If not	explain be	low)		
SIGNED BY	vidual Dantman on As	uth onigod (Commonata (Affinan		
IIIQI	vidual, Partner or Au	umorizea (Corporate (Jilicer		
DATE:				E1 (D) (A) (E1)		Y0111WH (DED
DATE.	TELEPHONE NU	MBER:				ION NUMBER: ecurity Number)
				(1 totel <u>1 to 1</u> line	ii viduai Bociai B	ceurty (validet)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building inspecto	or and the	head of th	ne fire depart	ment for the	above
Please Check Below:			1.0	OAL LICENO		
APPROVED:				CAL LICENS	SING AUTHO	JRII Y
DISAPPROVED:			Ву	•		
(If disapproved explain)						
DATE:						



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LICENSE NUMBE	R: 091400034		CITY	OR TOWN	NORWOO	D
APPLICATION FO	R RENEWAL:	Annua	1	LICEN	ISED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME:	FOLSOM COMPA	NIES, INC.				
DOING BUSINESS	A BROADWAY LI	QUORS				
ADDRESS 50 BRO	ADWAY					
CITY/TOWN: NO	RWOOD	STATE:	MA ZI	P CODE:	02062	
	SOM, TYP BERT C.	E OF LICENS	E:Package St	tore C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER Y	OUR EMAIL ADDI	RESS		-
	LICENSED PREMIS					
WITH TO (2) ENT	THE INTERIOR SPACE RANCES AND EXITE EOF THE PREMISES	S, ONE FACIN	IG BROADV	VA Y AND	THE OTHER	
	TOILETS AND ONE				7011, 11IE	TICL
I hereby certify and	swear under penalties	of perjury that:				
	ved license will be of t	• •				
	see has complied with				to taxes; and	
3. the prem	ises are now open for	business (If not	explain belo	ow)		
SIGNED BY						
2101,22 21	Individual, Partner	or Authorized	Corporate Of	ficer		
DATE:	TELEPHON	E NUMBER:	_	EMPLOYER IDENTIFICATION NUMBER:		
			(1	Note: NOT In	dividual Social S	ecurity Number)
Please Check Below:			LOC	CAL LICEN	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	-:-)					
(If disapproved expl	am)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091400035		CITY OR TOWN	NORWOO	D
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: NORWOOD WINES & L	IQUOR,INC.			
DOING BUSINESS A				
ADDRESS 140 NAHATAN ST				
CITY/TOWN: NORWOOD ST	ATE: MA	ZIP CODE:	02062	
MANAGER: FRUCI, ANTHONY TYPE OF D.	LICENSE: Pac	kage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
SINGLE FLOOR STORE IN STAR MARKET S ROOMS; FRONT PORTION FOR SALES, REA FACING NAHATAN ST, DELIVERY ENTRAN	AR FOR STOR	AGE. ENTRANC		
I hereby certify and swear under penalties of perj	jury that:			
1. the renewed license will be of the sam	ne type for the	same premises nov	w licensed;	
2. the licensee has complied with all law	s of the Comm	nonwealth relating	to taxes; and	
3. the premises are now open for business	ss (If not expla	in below)		
SIGNED BY		OSC		
Individual, Partner or Aut	horized Corpo	rate Officer		
DATE				
DATE: TELEPHONE NUM	MBER:		ER IDENTIFICAT ndividual Social S	
		(1000 <u>1101</u> II	idividuai Bociai B	cearity (valueer)
Please Check Below:		LOCAL LICEN	SING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)		-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 091400039		CITY OR TOWN	NORWOO	D
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: ROUTE 1 LI	QUOR MART, INC.			
DOING BUSI	NESS A BAYSTATI	E WINE AND SPIRITS			
ADDRESS 42	6 WALPOLE ST				
CITY/TOWN:	NORWOOD	STATE: MA	ZIP CODE:	02062	
MANAGER:	CIVILINSKI, JAMES	TYPE OF LICENSE:	Package Store C	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:]
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PR	EMISES:			
		DOOR FOR PUBLIC & IS & A UTILITY RM.I			HOUT A
	y and swear under pen	nalties of periury that:			
-	_	be of the same type for the	ne same premises now	licensed;	
		d with all laws of the Cor	=		
3. the	premises are now ope	en for business (If not ex	plain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
Please Check Belo	ow.		LOCAL LICEN	CINC AUTH	ODITV
APPROVED:			By:	SING AUTH	OKII I
DISAPPROVI	ED:		By.		
(If disapproved	d explain)				
			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091400040		CITY OR TOWN	NORWOOD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: FABIANO, LEOI	NARD		
DOING BUSINESS A NORTH END S	TYLE DELI		
ADDRESS 445 WALPOLE ST			
CITY/TOWN: NORWOOD	STATE: MA	ZIP CODE:	02062
MANAGER: TY	YPE OF LICENSE: Pac	kage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
FIRST FLOOR SHOP WITH TWO STO BASEMENT; TWO EXIT DOORS TO			
2. the licensee has complied wit 3. the premises are now open for SIGNED BY	or business (If not expla	in below)	
Individual, Partne	er or Authorized Corpor	rate Officer	
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0914	.00041	CITY OR TOWN NORWOO	ענ		
APPLICATION FOR REN	EWAL: Annual	LICENSED FOR 2	013		
	CLASS		YEAR		
LICENSEE NAME: MOI	HAMMAD A RAHMAN				
DOING BUSINESS A CO	NVENIENT FOOD MART				
ADDRESS 492 WALPOLI	E ST				
CITY/TOWN: NORWOO	DD STATE: M	IA ZIP CODE: 02062			
MANAGER:	TYPE OF LICENSE:	Package Store CATEGORY:	Wine and		
			Malt Regular		
EMAIL ADDRESS:					
	ALSO VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS			
DESCRIPTION OF LICEN					
ENTRANCE AND EXIT. (ONE FLOOR, NO CELLAR. O	NE ROOM. RETAIL GROCERY S	TORE		
I hereby certify and swear u	under penalties of perjury that:				
1. the renewed lice	ense will be of the same type for	the same premises now licensed;			
2. the licensee has	complied with all laws of the Co	ommonwealth relating to taxes; and			
3. the premises are	now open for business (If not e	xplain below)			
SIGNED BY					
Indiv	vidual, Partner or Authorized Co	orporate Officer			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:			
		(Note: NOT Individual Social S	Security Number)		
Please Check Below:		LOCAL LICENSING AUTH	OPITY		
APPROVED:		By:	OMT		
DISAPPROVED:		Zy.			
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 091400042		CITY OR TOWN	NORWOO	D
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSIN	ME: RAMA WINE ESS A WASHINGTON ST				
CITY/TOWN:	NORWOOD	STATE: MA	ZIP CODE:	02062	
	COMPAGNONE, RONALD	TYPE OF LICENSE:P	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		-
DESCRIPTION	OF LICENSED PR	EMISES:			
50 x82 ft unit wi	ith exits in front and	side of first floor space			
2. the li	censee has complied	oe of the same type for the with all laws of the Con on for business (If not exp	nmonwealth relating to		
SIGNED BY	Individual, Pa	artner or Authorized Corp	porate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below APPROVED: [DISAPPROVEI (If disapproved	D:		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 091400044		CI	TY OR TOW	N NORWOO)D
APPLICATION FO	R RENEWAL:	Annu	al	LICE	NSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME:	OLGA A NICHO DONOHUE	DLAS ABDALL.	AH & HEI	LEN ABDALI	LAH	
DOING BUSINESS	A NICK'S PACK	AGE STORE				
ADDRESS 1041 W	ASHINGTON ST -	1043				
CITY/TOWN: NO	RWOOD	STATE:	MA	ZIP CODE:	02062	
	OALLAH, T GA,A.	YPE OF LICEN	SE:Packag	ge Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PREM	IISES:				
ONE FRONT AND STRUCTURE. STO					STORY FRAM	ſΕ
I hereby certify and	swear under penalti	es of perjury tha	t:			
1. the renew	ved license will be o	of the same type	for the san	ne premises no	w licensed;	
	see has complied wi				g to taxes; and	
3. the premi	ises are now open for	or business (If no	ot explain l	below)		
SIGNED BY	Individual, Partn	or or Authorized	Corporate	Officer		
	marviduai, r artii	ei oi Aumonzeo	Согроган	Officer		
DATE:	TELEDIJO			EMPI OV	ER IDENTIFICA	TION NUMBER:
21121	TELEPHO	NE NUMBER:			Individual Social S	
						-
Please Check Below:			I	OCAL LICE	NSING AUTH	ORITY
APPROVED:			F	By:		
DISAPPROVED: [(If disapproved expl.)	ain)		_			
(11 disapproved expi	uiii <i>)</i>					
			-			
DATE:			-			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 091400045		CITY OR TOWN	NORWOOD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	K. HURLEY,	INC.		
DOING BUSINESS	A HURLEY'S	SOUTH NORWOOD I	BEER & WINE	
ADDRESS 1208 WA	ASHINGTON ST	Γ		
CITY/TOWN: NO	RWOOD	STATE: MA	ZIP CODE:	02062
MANAGER: HUR	LEY, KENT	TYPE OF LICENSE:	Package Store C.	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:				
		UR WEBSITE AND ENTER YOUI	R EMAIL ADDRESS	
DESCRIPTION OF				OD A CE DV A 2 1/2
		R WITH CELLAR UNI ICE STRUCTURE. ON		CE AND TWO REAR
I hereby certify and s	swear under pena	llties of perjury that:		
1. the renew	ed license will b	e of the same type for t	he same premises now	licensed;
	-	with all laws of the Co	_	o taxes; and
3. the premi	ses are now oper	n for business (If not ex	plain below)	
-				
SIGNED BY	Individual Pa	rtner or Authorized Con	porate Officer	
	marvidual, i u	tiller of Humorized Co.	porute officer	
DATE:	TEI EDI	HONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	TEELT	IONE NOVIDER.	(Note: NOT Inc	lividual Social Security Number)
Please Check Below: APPROVED:				SING AUTHORITY
DISAPPROVED:			By:	
(If disapproved expla	ain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 091400046		CITY OR TOWN	NORWOOI	D
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1275 BO	A New Golden	Abacus			
CITY/TOWN: NO.	RWOOD	STATE: MA	ZIP CODE:	02062	
MANAGER: Cher	n Zhong Gui	TYPE OF LICENSE:	Restaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		I
TWO LAVATORIE I hereby certify and a 1. the renew 2. the licens	S. ENTRANCE swear under pen yed license will l see has complied	CH INCLUDES RESTAUTION AND EXIT AT THE Formulation of perjury that: the of the same type for the law of the Coron for business (If not expenses).	RONT. EMERGENC ne same premises now nmonwealth relating t	Y EXIT IN R licensed;	
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT	
Acts of 2004, signe	d by the building	e are in possession (1) to ng inspector and the he ate of liquor liability in	ad of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER:	091400047		CITY OR TOWN	1 NORWOO	D
APPLICATION FOR 1	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:			RP		
DOING BUSINESS A		MARRIOTT			
ADDRESS 300 RIVEI					
CITY/TOWN: NORV	VOOD	STATE: MA	ZIP CODE:	02062	
MANAGER: CANIN	VI, MICHAEL TYPE	OF LICENSE: In	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL DESCRIPTION OF LI	EASE ALSO VISIT OUR WEBS		EMAIL ADDRESS		
TWO/THREE STORY ROOMS AND A COU FLOOR IN DESIGNA	RTYARD AREA WI				
I hereby certify and sw	ear under penalties of	perjury that:			
	l license will be of the	* *	•		
	has complied with al		•	to taxes; and	
3. the premise	s are now open for bu	siness (If not expl	lain below)		
GIGNED DV					
SIGNED BY	Individual, Partner or	· Authorized Corp	orate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT I	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building inspe	ector and the hea	d of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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LICENSE NUMBER	:091400048		CITY OR TO	WN NORWO	OD
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	ANELISE, INC.				
DOING BUSINESS	A ACAPULCO'S CANTINA	MEXICAN FAMILY	RESTAURAN	ΓAND	
ADDRESS 500 BOS	TON PROVIDEN	CE TURNPIK			
CITY/TOWN: NOR	RWOOD	STATE: MA	ZIP CODI	E: 02062	
	MENO, T MA EMELDA	YPE OF LICENSE: R	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREM	IISES:			
		FT. IN AN EXISTIN			
		ANCE, 1 DELIVERY E, DINING AREA AN			EXIT.
			VD KESTKOON	15.	
I hereby certify and s	-	of the same type for th	a sama nramisas	now licensed:	
		th all laws of the Com			I
	=	or business (If not exp		ing to taxes, and	L
3. the prenns	ses are now open is	or ousiness (if not exp	iam below)		
GIGNED DV					
SIGNED BY	Individual, Partn	er or Authorized Corp	orate Officer		
DATE					
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICA	
			(Note: <u>NO</u>	<u>oT</u> Individual Social	Security Number)
Acts of 2004, signed	by the building i	re in possession (1) the inspector and the heat of liquor liability ins	nd of the fire de	partment for th	e above
Please Check Below:			LOCAL LIC	CENSING AUTI	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
D . 1777					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091400050		CITY OR TOWN	NORWOOD
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: GWRP ENT	ERPRISES, INC		
DOING BUSINESS A THE WIN	E XPRESS		
ADDRESS 151 BOSTON PROVI	DENCE TURNPIKE		
CITY/TOWN: NORWOOD	STATE: MA	ZIP CODE:	02062
MANAGER: KESSEL, PETER J	J. TYPE OF LICENSE: Pac	kage Store CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
FRONT ENTRANCE FOR CUSTO SQ FT FLOOR. 600 SQ FT BASE RETAIL SALES			
2. the licensee has complied	thanks of perjury that: I be of the same type for the ed with all laws of the Comn pen for business (If not explain.)	nonwealth relating to	
DATE.	Partner or Authorized Corpo	EMPLOYER	IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			ING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 091400054	(CITY OR TOWN NORWO	OOD
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: B.B.B. & B. CO	RP		
DOING BUSIN	NESS A TGI FRIDAYS	S		
ADDRESS 134	5 BOSTON PROVIDE	ENCE TRNPK		
CITY/TOWN:	NORWOOD	STATE: MA	ZIP CODE: 02062	
	GREMZA, T BARBRA T.	YPE OF LICENSE: Resta	nurant CATEGOR	Y: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
	N OF LICENSED PREM			
PUBLIC BATH			NG DINING ROOM, KITCH ONT SIDE, EMERGENCY	
I hereby certify	and swear under penalt	ies of perjury that:		
1. the r	renewed license will be	of the same type for the s	ame premises now licensed;	
2. the 1	icensee has complied w	ith all laws of the Commo	onwealth relating to taxes; an	ıd
3. the p	premises are now open	for business (If not explain	n below)	
SIGNED BY	Individual, Part	ner or Authorized Corpora	ate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
			(Note: NOT Individual Soci	al Security Number)
Acts of 2004, s	signed by the building	inspector and the head	certificate required by Cha of the fire department for t nnce required by Chapter 1	he above
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 091400056		CITY OR TOWN NORW	/OOD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NA	AME: GR PIZZA, INC			
DOING BUSI	NESS A TOWN PIZZA			
ADDRESS 20	BROADWAY			
CITY/TOWN:	NORWOOD	STATE: MA	ZIP CODE: 02062	
MANAGER:	PAPAKONSTANTI TY NOU, ELENI	PE OF LICENSE: Rest	taurant CATEGOI	RY: Wine and Malt Regular
EMAIL ADDI	RESS:			
		VEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PREMI		DED DUMIG DOOM. EDG	AN IO
	ON BROADWAY AND A		PER DINING ROOM. FRO HEN	
3. the SIGNED BY	premises are now open fo Individual, Partne	r business (If not explain er or Authorized Corpor		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004,	signed by the building in	spector and the head	certificate required by Cl of the fire department for rance required by Chapter	napter 304 of the
Please Check Belo			LOCAL LICENSING AU	THORITY
APPROVED: DISAPPROVI			By:	
(If disapproved				
	-			
DATE:				



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LICENSE NUMBER: 09140005	7	CITY OR TOWN NORWOO	JD
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: LETS EA	T (NORWOOD) LLC		
DOING BUSINESS A SKY RE	STAURANT BAR		
ADDRESS 1369 BOSTON PRO	OVIDENCE TPK		
CITY/TOWN: NORWOOD	STATE: MA	ZIP CODE: 02062	
MANAGER: CORCORAN, STEPHEN	TYPE OF LICENSE: Re	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED			
ONE-STORY WOODEN FRAN OF BUILDING; EXIT AT THE			
3. the premises are now SIGNED BY	open for business (If not expl		
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that Acts of 2004, signed by the but named license and (2) the cert of 2010.	ilding inspector and the head	d of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
			<u> </u>
DATE:			



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LICENSE NUMBER	:091400058		CITY OR TOV	WN NORWOO	D
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 500 BOS	A MINERVA INDIA	AN CUISINE			
CITY/TOWN: NOR	RWOOD	STATE: MA	ZIP CODE	i: 02062	
MANAGER: REDI	DY, PRAKASHTYP	E OF LICENSE:R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMIS	ES:			
2500 SQ FT RESTA FRONT OF STORE	URANT WITH A SE	EATING CAPACIT	TY OF 72 TWO I	DOORS LOCAT	ED AT
	ee has complied with ses are now open for l Individual, Partner	business (If not exp	olain below)	ing to taxes, and	
DATE:	TELEPHONI	E NUMBER:		OYER IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	pector and the he	ad of the fire dep	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	91400060		CITY OR TOWN	NORWOO	D
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: C	EDAR MARKETS, 1	NC.			
DOING BUSINESS A					
ADDRESS 13 E.COTT	AGE STREET				
CITY/TOWN: NORW	OOD	STATE: MA	ZIP CODE:	02062	
MANAGER: GHOSS	OUB, ELIASTYPE (OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMISES	:			
ONE FLOOR ON STRI FRONT ON E. COTTA					KIT IN
2. the licensee	license will be of the has complied with all are now open for bus	laws of the Com	nonwealth relating to		
SIGNED BY	ndividual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE.					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 091400061		CITY OR TOWN	NORWOOD	
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NAME	E: SOUNG LEE, II	NC			
DOING BUSINES	S A SHURFINE M	ARKET			
ADDRESS 448 NA	AHATAN STREET				
CITY/TOWN: NO	DRWOOD	STATE: MA	ZIP CODE:	02062	
MANAGER: LEI	E, SOUNG T	YPE OF LICENSE: Pac	kage Store CA	ATEGORY: Wine and Malt Regular	
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREM	MISES:			
	BUILDING WITH GRESS TO THE OU	I FRONT ENTRANCE, UTSIDE	TWO SIDE EXITS	AND BASEMENT	
	nises are now open f	rith all laws of the Comn for business (If not expla	in below)	s unes, and	
	marviduai, i aru	ner of Authorized Corpo	rate Officer		
DATE:	TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER:	
Please Check Below: APPROVED:	1			ING AUTHORITY	
DISAPPROVED:			By:		
(If disapproved exp	blain)				
DATE:					
DAIL.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 091400064		CI	ΓY OR TOW	N NORWOO	D
APPLICATION FO	OR RENEWAL:	Annu	al	LICI	ENSED FOR 20	013
		CLA	SS			YEAR
DOING BUSINES	E: CHIPOTLE MEX S A CHIPOTLE ME OSTON PROVIDEN	EXICAN GRILI	ي	RADO, LLC		
CITY/TOWN: NO	ORWOOD	STATE:	MA	ZIP CODE:	02062	
MANAGER: EL	LIS, THOMAS T	YPE OF LICEN	SE:Restaur	rant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR		YOUR EMAIL	ADDRESS		
	F LICENSED PREM					
	in one story building I swear under penaltic			exit to patio		
	nsee has complied winises are now open for Individual, Partne	or business (If no	ot explain b	pelow)	g to taxes; and	
DATE:	TELEPHO	NE NUMBER:			ER IDENTIFICAT	
Acts of 2004, sign	ed, attest that we an ed by the building i d (2) the certificate	nspector and tl	ne head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] Dlain)			OCAL LICE y:	NSING AUTHO	ORITY
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	191400066		CITY O	R TOWN NO	RWOO	D
APPLICATION FOR R	RENEWAL:	Annual		LICENSED	FOR 20	013
		CLASS				YEAR
LICENSEE NAME: S	SIAM FOODS, INC					
DOING BUSINESS A	MINT CAFE					
ADDRESS 663 WASH	INGTON ST					
CITY/TOWN: NORW	/OOD	STATE: MA	ZIP	CODE: 02	062	
MANAGER: SONGT, SOME	TACHALERTTYPE (BOON	OF LICENSE: Res	staurant	CATEO	GORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	MAIL ADDRE	SS		ī
DESCRIPTION OF LIG	CENSED PREMISES	S:				
MAIN ENTRANCE IS AND RIGHT. ENTRA WILL BE USED AS A	NCE WAY IS APPR	ROX 7 FT WIDE.	ADDITIO			
I hereby certify and swe	ear under penalties of	perjury that:				
1. the renewed	license will be of the	same type for the	same pre	mises now licen	ısed;	
2. the licensee	has complied with all	laws of the Comr	nonwealtl	n relating to taxe	es; and	
3. the premises	are now open for bus	siness (If not expla	ain below)		
SIGNED BY	Individual, Partner or	Authorized Corpo	orate Offic	cer		
DATE:	TELEPHONE N	NUMBER:		EMPLOYER IDEN	NTIFICAT	ION NUMBER:
	TEEET HOLVE	(CIVIDEIC	(No	ote: <u>NOT</u> Individua	al Social S	ecurity Number)
We the undersigned, a Acts of 2004, signed benamed license and (2) of 2010.	y the building inspe	ctor and the head	d of the fi	re department	for the	above
Please Check Below:			LOCA	L LICENSING	AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain))					
DATE:						



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LICENSE NUMBER	::091400067		CIT	ORIOWN	NORWOO	D
APPLICATION FOR	R RENEWAL:	Annua	1	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	BYBLOS RES	STAURANT				
DOING BUSINESS	A BYBLOS RE	ESTAURANT				
ADDRESS 678 WAS	SHINGTON ST	REET				
CITY/TOWN: NOF	RWOOD	STATE:	MA Z	ZIP CODE:	02062	
MANAGER: DAA MAU	BOUL, VRICE	TYPE OF LICENS	E:Restaurai	nt C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER Y	OUR EMAIL AD	DRESS		_
DESCRIPTION OF	LICENSED PRI	EMISES:				
MAIN FLOOR OF E WASHINGTON ST. BATHROOMS, WIT IN BASEMENT	CONTAINS K	ITCHEN, DINING	ROOM, FU	NCTION RO	OM, HANDI	CAPPED
I hereby certify and s	wear under pena	alties of perjury that:				
1. the renew	ed license will b	e of the same type for	or the same	premises now	licensed;	
2. the license	ee has complied	with all laws of the	Commonwe	ealth relating t	to taxes; and	
3. the premis	ses are now oper	n for business (If not	explain be	low)		
SIGNED BY	Individual, Pa	rtner or Authorized	Corporate (Officer		
D.A.TE						
DATE:	TELEPH	HONE NUMBER:				CION NUMBER: Security Number)
				(Note. NOT III	urviduai Sociai S	security Number)
We the undersigned Acts of 2004, signed named license and of 2010.	l by the buildin	g inspector and the	head of th	e fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain]	in)		LO By	CAL LICENS	SING AUTH	ORITY
(11 disappioved expir	···· <i>)</i>					
						<u>—</u>
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 091400068		CITY OR TOWN	NORWOO	D		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		13		
	CLASS			YEAR		
LICENSEE NAME: THE WINE VAUL DOING BUSINESS A	T, LTD.					
ADDRESS 1275 BOSTON PROVIDENCE	E TURNPIKE					
CITY/TOWN: NORWOOD	STATE: MA	ZIP CODE:	02062			
MANAGER: BERGMAN, DAVIDTYP	E OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular		
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS				
DESCRIPTION OF LICENSED PREMIS	ES:					
RETAIL BOX CONSOSTING OF 201 SQ) FT WITH ONE F	RONT DOOR AND	ONE BACK	DOOR		
I hereby certify and swear under penalties	of perjury that:					
1. the renewed license will be of t	he same type for the	same premises now	licensed;			
2. the licensee has complied with	all laws of the Com	nonwealth relating to	taxes; and			
3. the premises are now open for l	business (If not expl	ain below)				
SIGNED BY						
Individual, Partner	or Authorized Corpo	orate Officer				
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:				
			(Note: NOT Individual Social Security Number)			
Please Check Below:		Y O G LY Y Y GTT Y G	D. G. A. V. (1971)	N 1771		
APPROVED:		LOCAL LICENS	ING AUTHO	OKII Y		
DISAPPROVED:		By:				
(If disapproved explain)						
DATE:						



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LICENSE NU	MBER: 091400069		CITY OR TOWN NORW	VOOD
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE N	AME: A AND L F	OOD SERVICE INC.		
DOING BUSI	NESS A ARIANA'S	S RESTAURANT		
ADDRESS 89	B CENTRAL STRE	EET		
CITY/TOWN:	: NORWOOD	STATE: MA	ZIP CODE: 02062	2
MANAGER:	MUSABELLI, ARIANA	TYPE OF LICENSE: R	destaurant CATEGO	RY: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	PREMISES:		
2200 SQ FT V	VITH FRONT DOO	R FACING CENTRAL ST	TREET AND REAR DOOR	
I hereby certify	y and swear under po	enalties of perjury that:		
1. the	renewed license wil	l be of the same type for the	ne same premises now licensed	l;
2. the	licensee has compli	ed with all laws of the Cor	nmonwealth relating to taxes;	and
3. the	premises are now of	pen for business (If not exp	plain below)	
SIGNED BY	Individual,	Partner or Authorized Cor	porate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004,	signed by the build	ling inspector and the he	the certificate required by Cl ad of the fire department for surance required by Chapter	the above
Please Check Bel	ow:		LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	d explain)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FII	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 1)	38 \$ 16A)



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LICENSE NUMBER: 09140007	70	CITY OR TOWN NO	ORWOOD
APPLICATION FOR RENEWA	AL: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: STORYE	BOARD LLC		
DOING BUSINESS A NORW	OOD THEATRE		
ADDRESS 109 CENTRAL STI	REET		
CITY/TOWN: NORWOOD	STATE: MA	ZIP CODE: 02	2062
MANAGER: LEWIS, SUSAN	N A. TYPE OF LICENSE: Res	taurant CATE	GORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSEE	PREMISES:		
RENOVATED HISTORIC NOT INTERIOR LOBBY WITH CO CENTRAL STREET, SECOND EXITS FROM BALCONY, RE EMEREGENCY EXITS FROM	NCESSION. ORCHESTRA AI DARY ENTRANCE INTO OFF AR HAS 2 EMERGENCY EX	ND BALCONY. MAIN TICE & STUDIO. 2 EM ITS FROM ORCHESTI	ENTRANCE ON REGENCY
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license	will be of the same type for the	same premises now lices	nsed;
2. the licensee has com	plied with all laws of the Comm	onwealth relating to tax	es; and
3. the premises are now	open for business (If not expla	in below)	
SIGNED BY Individua	al, Partner or Authorized Corpo	rate Officer	
DATE: TE	LEPHONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the bunamed license and (2) the cert of 2010.	ilding inspector and the head	of the fire department	for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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IRENE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1400 SQ FT ON FIRST FLOOR WITH KITCHEN, BASEMENT AREA FOR STORAGEBATHROOMS ON SECOND FLOORHANDICAPPED BATHROOM ON FIRST FLOOR WITH FRONT ENTRANCE AND REAR EXIT I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: UIGH disapproved explain)	LICENSE NUMBER	: 091400071		CITY OR TOWN NORWOOD			
LICENSEE NAME: TO BEIRUT INC. DOING BUSINESS A TO BEIRUT ADDRESS 15 COTTAGE STREET EAST CITY/TOWN: NORWOOD STATE: MA ZIP CODE: 02062 MANAGER: MARMANIDES, TYPE OF LICENSE: Restaurant CATEGORY: Wine and IRENE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEIRSTE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1400 SQ FT ON FIRST FLOOR WITH KITCHEN, BASEMENT AREA FOR STORAGE. BATHROOMS ON SECOND FLOOR. HANDICAPPED BATHROOM ON FIRST FLOOR WITH FRONT ENTRANCE AND REAR EXIT I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED:	APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 20	013	
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